

Health Insurance

101

Health Insurance

- Claims Payment
- Contract
- Laws & Regulations

Claims

- •Self-Insured ERISA (ASO)
- Third Party Administrator (TPA)
- Purchaser/Employers

Contracts

Not what is needed, wanted but what is PURCHASED

Purchasers

- Individual
- Employer Groups
 - •1-50 (small)
 - •50-100
 - •100+ (large)

Comprehensive Castrophic

Eligibility

Pre- Existing Conditions•Groups 1-50 9 months•Groups 51+ 3 months

Portability

180 days coverage-no break > 60 days

Office of Insurance Commissioner

- Regulatory/Oversight
- Contracts
- Brochures

State Mandated Benefits

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Groups
     Chemical Dependency
     Mammograms
     TMJ
     Prenatal Testing
     PKU
     COB
Individual Mandate Comprehensive
     Maternity
     Prescription
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Negotiated Benefits

- Large Groups >100
- Pharmacy
- Hearing Aid
- Pre-Existing Conditions
- Infertility

Federal Laws

- Erisa
- Benefits
 - Mental Health Parity
 - Breast Reconstruction (Breast Cancer)
 - •COBRA
 - Maternity
- Privacy Regulations/Laws
 - •HIPAA



YES No Medically Necessary? Payment Denied (EOB) NO YES Claim Paid Payment Denied

Medical Necessary

- Definition
- Evidenced Based Medicine
- Technology Assessment

Commonly Excluded Items

- Cosmetic
- Experimental + Investigational
- Convenience
- Sports

Appeals

State Laws - Patient Bill of Rights Purchaser

ERISA Groups
State - BHP, HO.
Federal Gov't

Accreditation Bodies

URAC NCQA

Clarifications

HMO ≠ Health Plan Insurance Repertory:

Medical Records

Lab Results

Physician recommendation Service Registries Non-Profit VS. For Profit

Other Influences

- •FDA
- HCFA now COMS
- •AMA

Summary

- Health Insurance is a business
- Highly Regulated
- Complex, with Multiple Benefits Packages (in one company)

Multiple Customers

Multiple Providers